

POSITION	S	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	7-1-93-12-93
2	2-27-94-1-1-94
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Claim	Date
Final	
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51	1-2-93-1-2-93
52	1-2-93-1-2-93
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here